

SUMMER S.H.O.

(Students Have Options)

Teen Camp

(A COLLABORATION BETWEEN RECREATION and MHS)

Held at MHS, for teens ages 13-15

The Town of Manchester & Board of Education are collaborating this summer to bring teenagers 13-15 a chance to choose Summer Recreation *with* B.O.E. Enrichment options. Teens can choose either full day camp or a combination of camp and enrichments.

WHO: ANY TEENAGER BETWEEN THE AGES OF 13 - 15 WHO RESIDES IN MANCHESTER.

WHAT: RECREATION & ENRICHMENT CLASSES.

RECREATION: An exciting, fun-filled 6 week program that will offer trips, special guests, swimming, lunch, cooperative games.

ENRICHMENT CLASSES: A chance to be part of enrichment activities like running, cooking, drama, leadership, technology & many more.

WHEN: JUNE 29 to AUGUST 7, 8:00 am to 3:00 pm
WITH AN OPTION OF PM EXTENDED (3:00 to 5:30pm).

Friday Trips tentatively include:

Brownstone Park, Flight Trampoline, Ocean Beach, Nomads, Lake Compounce Amusement Park,
Laser Quest

HOW TO REGISTER:

MAIL-IN:

Manchester Recreation Department
attn.: SHO Program
41 Center Street, PO Box 191
Manchester, CT 06045-0191

MAIL-IN OR DROP OFF BY MARCH 31.



Questions??? Town Recreation Program, please call 860-647-3079.

B.O.E. Enrichment Program, please call 860-647-3378.

If you are not interested in camp, but just enrichment classes,
visit MHSRedline.com



Student's Last Name:	Student's First Name:
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Students can choose which weeks they would like to attend and which Enrichment Classes they would like to attend from the options below.

CAMP PROGRAM (Monday—Friday)	Cost Per Week	WEEK 1 June 29 To July 2	WEEK 2 July 6 To July 10	WEEK 3 July 13 To July 17	WEEK 4 July 20 To July 24	WEEK 5 July 27 To July 31	WEEK 6 Aug 3 To Aug 7
8am to 3pm (full day)	\$55						
3pm to 5:30pm	Additional \$25						
Circle enrichment courses (below) you would like to take at no additional cost. Please note: these enrichment classes could be merged or cancelled depending on demand.							
ENRICHMENT CLASSES							
AM = 8am to 11am PM = 12pm to 3pm							
Monday—Thursday, Friday Camp Trips		<i>Circle Choice</i>	<i>Circle Choice</i>	<i>Circle Choice</i>	<i>Circle Choice</i>	<i>Circle Choice</i>	<i>Circle Choice</i>
Short Story—Creative Writing					AM only		
Poetry—Creative Writing						AM only	
Running Camp		PM only	PM only	PM only	PM only	PM only	PM only
Jump Rope			AM only				
Basketball Skills		PM only					
Golf Skills			PM only				
Cooperative Games and Leadership						PM only	
Fitness, Flavor and Fun					PM only		
Summer Cooking			AM only	AM only			
It's Sew Fun		AM only	AM only				
Cake Decorating			PM only				
Child Development/Babysitting			AM only	PM only			
Pottery			AM only	AM only			
Comic Design				PM only			
Acrylic Painting					AM only		
Drama Workshop		PM only	PM only				
Intro to Stage Makeup				AM only			
Media Technology						AM only	AM only
Maker Space				AM only			
Personal Finance						PM only	

For enrichment class descriptions visit online at: mhsredline.com

- ◆ Lunch is from 11am to 12pm with supervision in the cafeteria.
- ◆ All elective classes are offered for one week but can be taken multiple times.
- ◆ *Please note: Weekly sessions of enrichment classes could be merged or canceled depending on demand; for more information and updates on these classes, please see www.MHSRedline.com*

If you are not interested in camp, but just enrichment classes, visit mhsredline.com

MANCHESTER RECREATION DEPARTMENT AND MANCHESTER HIGH SCHOOL

Summer S.H.O. Teen Registration Form

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND PROVIDE ALL INFORMATION.

Student's Last Name			Student's First Name		
Sex	Date of Birth	AGE	School Attending		Current GRADE
Address			Home Phone		
Mother's Name		CELL PHONE	Father's Name		CELL PHONE
Work Phone			Work Phone		
Email (required)			Email		

**PLEASE ATTACH A
SCHOOL SIZE
PHOTO HERE
(portrait wallet size)**

**THIS IS REQUIRED
TO PROCESS YOUR
REGISTRATION FORM!**

Indicate your child's swim ability by placing an (x) in the box for free swim times.

NO POOL (can not swim)	<input type="checkbox"/>
Shallow End ONLY (up to 3 feet)	<input type="checkbox"/>
Water OVER Head	<input type="checkbox"/>

Please make sure you fill out the entire packet & provide the following with your packet:

- ☐ 1) Complete Registration form (this page).
- ☐ 2) Select week programs that your student would like to attend.
- ☐ 3) Complete emergency form.
- ☐ 4) Include a check (Made payable to "Town of Manchester").

♦ *Friday field trips are all day trips and are included for full day program participants only.
(either full day camp or combination of camp and enrichment).*

PROGRAM FEES:

REC: \$55 (per week). \$25 PM ext time. (3-5:30pm)

MUST BE FILLED OUT COMPLETELY TO HOLD REGISTRATION SPACE

Manchester Recreation Department AND Manchester High School

EMERGENCY INFORMATION FORM (Must be Filled Out)

PLEASE TYPE OR PRINT WITH A PEN AND COMPLETE ALL INFORMATION

REGISTRATION INFORMATION - STUDENT'S NAME:**EMERGENCY CONTACT: -- Person other than parent or guardian**

Name: _____ Phone: _____
Address: _____ Relation: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD other than parent or guardian (MUST BE AT LEAST 15 YEARS OLD)

Name: _____ Name: _____
Address: _____ Address: _____
Relation: _____ Phone: _____ Relation: _____ Phone: _____

Child's Physician Name: _____ Address: _____ Phone: _____
Child's Dentist Name: _____ Address: _____ Phone: _____

HEALTH INSURANCE: _____ **POLICY #** _____ **Hospital Preference:** _____

HEALTH HISTORY - Please check all that apply

Chicken Pox _____	hay fever _____	Food (specify) _____	Heart _____	behavior/emotion _____
German measles _____	asthma _____	medications _____	diabetes _____	visual problems _____
Measles mumps _____	poison ivy, oak _____	earaches _____	ADHD _____	menstrual problem _____
Other _____	insect stings _____	sinus _____	stomach, GI _____	seizures _____

DETAILS OF ABOVE CONDITIONS: _____**DATE OF LAST TETANUS SHOT:** ____/____/____ (must have to attend school, please call family physician for date)**MEDICATIONS:** YES ____ NO ____ (Please include Ritalin and any other medications taken during the school year. All medications, including aspirin and inhalers, require a medication form completed by a physician) _____

Operations/Injuries explain/date: _____

Special Restrictions explain/date: _____

Emotional, Social, Family Concerns: _____

Would you like the Youth Outreach Worker to contact you regarding i.e. medications, behavior issues, etc. prior to the start of camp? YES ____ NO ____**PARENT OR GUARDIAN AUTHORIZATION (Required for all persons under 18)**

This health history is correct so far as I know. The person named above has permission to participate in all camp activities except as noted by the examining physician or myself. If I can't be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure, give proper medical treatment and order injection, anesthesia for surgery for the person named above. The Town of Manchester is not responsible for any condition or situation of which they are not informed. I give permission for my child to be transported via bus to and from special event and rainy day activities as required. Additionally, I the undersigned do hereby waive and hold harmless the Town of Manchester, it's employees and agent, from any personal or property damage I or any child may incur while participation in this activity. I also understand the Town of Manchester does not provide accident or health insurance. I also grant the Town of Manchester the right to use, reproduce, assign and/or distribute photographs, films videotapes and sound recordings involving me.

Signature: _____ Date: _____